

Access Change – eWiSACWIS Release 2.3

Creating a new Access Report – All Tabs are visible, and the 'Type' defaults to 'Undetermined'

The screenshot shows a web browser window titled "Access Report - Microsoft Internet Explorer provided by DHFS - State of Wisconsin". The browser's address bar shows the eWiSACWIS logo and navigation links: Print, Spell Check, and Help. The main content area is titled "Access Information" and contains the following fields:

- Report Name: (empty)
- Worker: Iowa, Supervisor
- Access Report Type: Undetermined (dropdown menu)
- Date/Time Report Received: 2/20/06 11:24 AM
- R/T: (empty)
- ID: 8000306

Below the "Access Information" section is a tabbed interface with the following tabs: Narrative, Services, Participants, Allegation, Allegation Narr, Prior Involvement, and Decision. The "Narrative" tab is currently selected.

The "Narrative" tab contains three text areas for input:

- Describe alleged maltreatment: current and past; the surrounding circumstances; and the frequency; or intervention or services needed for the child.
- Describe the child(ren)'s injury or conditions as a result of the alleged maltreatment or services needed.
- Describe the child(ren)'s current location, functioning, including special needs, if any, and highlighting current vulnerability.

At the bottom right of the form are two buttons: "Save" and "Close". The browser's status bar at the bottom shows "Done" and "Trusted sites".

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Selecting 'CPS Report' as the Type removes the Services tab and adds required fields

Access Report - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

eWiSACWIS Print Spell Check Help

Access Information

Report Name: Worker: Iowa, Supervisor Access Report Type: **CPS Report**
Date/Time Report Received: 2/20/06 11:24 AM R/T: ID: 8000306

Narrative | Participants | Allegation | Allegation Narr | Prior Involvement | Decision

Describe alleged maltreatment: current and past; the surrounding circumstances; and the frequency; or intervention or services needed for the child.

Describe the child(ren)'s injury or conditions as a result of the alleged maltreatment or services needed.

Describe the child(ren)'s current location, functioning, including special needs, if any, and highlighting current vulnerability.

Options:

Done Trusted sites

Access Change – eWiSACWIS Release 2.3

CPS Report > Participant Tab – Add/Edit to search, new Address Copy feature, new Roles

Access Report - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

eWiSACWIS Print Spell Check Help

Access Information

Report Name: Mother AccessReport Worker: Iowa, Supervisor Access Report Type: CPS Report
Date/Time Report Received: 2/20/06 11:24 AM R/T: ID: 8000306

Narrative **Participants** Allegation Allegation Narr Prior Involvement Decision

Access Participants

Names	Gender	DOB	Age	Race	Relationship	Roles
Mother AccessReport	Female	09/09/1980	25	White	Reference Person	HM-PN-RN Roles
Daughter AccessReport	Female	12/12/2005	0	White	Biological Child	AV-HM Roles
Mandated Reporter	Male	00/00/0000			Law Enforcement	RP Roles

Address Copy **Add/Edit**

Reporter

Name: Mandated Reporter Relation to Alleged Victim: Law Enforcement
Home Phone: Affiliation: Polk County Sheriff Department Report Method: Phone
Work Phone: (715)485-8300 ☒ Mandated Reporter ☐ Notice to Reporter Generated

Options: **Go** **Save** **Close**

Done Trusted sites

Access Change – eWiSACWIS Release 2.3

Roles Pop-Up page is the same for CPS Reports and Service Reports. 'Alleged Maltreater' has been removed and the Participant you are selecting roles for is listed at the top of the page. Alleged Victim is only for CPS Reports while Identified Child is only for Services Reports.

The screenshot shows a web browser window titled "Roles -- Web Page Dialog". The page header includes the "eWiSACWIS" logo and navigation links for "Print", "Spell Check", "Help", and a "REC" button. The main content area is divided into two sections: "Participant" and "Roles".

Participant

Name: Mandated Reporter

Roles

Select	Roles Description	Code
<input type="checkbox"/>	Alleged Victim	AV (CPS Report ONLY)
<input type="checkbox"/>	Household Member	HM
<input type="checkbox"/>	Identified Child	IC (Services Report ONLY)
<input type="checkbox"/>	Non-Household Member	NM
<input type="checkbox"/>	Parent / Parental Role	PN
<input type="checkbox"/>	Report Name	RN
<input checked="" type="checkbox"/>	Reporter	RP

At the bottom right of the dialog box are two buttons: "Continue" and "Close".

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Address Copy page

Address Copy -- Web Page Dialog

eWiSACWIS

Print Spell Check Help

Available Addresses to Copy

Names	DOB	Phone	Address	Address Type
<input type="radio"/> AccessReport, Daughter (9223194)	12/12/2005			Primary Residence
<input type="radio"/> Reporter, Mandated (9223195)	00/00/0000		1005 W. Main St. Suite 900 Balsam Lake, VM 54810	Primary Residence
<input checked="" type="radio"/> AccessReport, Mother (9223193)	09/09/1980	(715)888-1234	456 Juniper Ln Butternut, VM 54514	Primary Residence

Update Primary Address Selection

Names	DOB	Phone	Current Primary Address
<input checked="" type="checkbox"/> AccessReport, Daughter (9223194)	12/12/2005		
<input type="checkbox"/> Reporter, Mandated (9223195)	00/00/0000		1005 W. Main St. Suite 900 Balsam Lake, VM 54810
<input type="checkbox"/> AccessReport, Mother (9223193)	09/09/1980	(715)888-1234	456 Juniper Ln Butternut, VM 54514

Save

Close

Access Change – eWiSACWIS Release 2.3

Allegation Tab – No Alleged Maltreater, Fatality Checkbox is new, Allegation Details Section

Access Report - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

eWiSACWIS Print Spell Check Help

Access Information

Report Name: Mother AccessReport Worker: Iowa, Supervisor Access Report Type: CPS Report
Date/Time Report Received: 2/20/06 11:24 AM R/T: ID: 8000306

Allegation Narrative Participants Allegation Narr Prior Involvement Decision

Allegations

Alleged Victims	AM Relationship to Victim	A/N Code	Description		Fatality
Daughter AccessRep	Biological Parent	Lack of Supervision	Other Indicator/Injury	Description Delete	<input type="checkbox"/>

Date of Alleged Maltreatment: 02/20/2006 **Insert**

Allegation Details

CPS Report Type: Primary Caregiver

☒ Incident Location Same as Report Name C/O:

Number: 456 Address: Juniper Ln Apt: WI City:

Options: **Save** **Close**

Done Trusted sites

Access Change – eWiSACWIS Release 2.3

Allegation Narrative tab – Information gathered here depends on allegations (Primary or Secondary)

Access Report - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

eWiSACWIS Print Spell Check Help

Access Information

Report Name: Mother AccessReport Worker: Iowa, Supervisor Access Report Type: CPS Report
Date/Time Report Received: 2/20/06 11:24 AM R/T: ID: 8000306

Narrative Participants Allegation **Allegation Narr** Prior Involvement Decision

Primary Caregiver Allegation Narrative

Describe the parents or adults in the parent role: current location, functioning, and parenting practices and views of the child.

Describe the family functioning, strengths, and current stresses.

Describe the possible or likely impending threats to child safety ([See Related Access Appendix](#)).

Options: Go

Done Trusted sites

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Allegation Narrative for Secondary Caregivers

Access Report - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

eWiSACWIS Print Spell Check Help

Access Information

Report Name: Mother AccessReport Worker: Iowa, Supervisor Access Report Type: CPS Report
Date/Time Report Received: 2/20/06 11:24 AM R/T: ID: 8000306

Narrative Participants Allegation **Allegation Narr** Prior Involvement Decision

Secondary/Non-Caregiver Allegation Narrative

Except in reports of mutual sexual activity, document name of the alleged maltreater, if a specific person(s) is suspected, his or her relationship to the child and access to the child at the time of the report and within the next five days.

Describe the parental knowledge of the incident, and what their actions were in response. Also, if there was any parental involvement and contribution to the alleged maltreatment, describe it here.

For Secondary Caregiver allegations describe any action the school, day care, residential care, or other organization has taken in response to the incident, if the alleged maltreater is an employee or part of the organization providing care.

Options: Go

Done Trusted sites

Access Change – eWiSACWIS Release 2.3

Prior History Tab – For All Participants (except Reporter) – Pre-fills into separate template

Access Report - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

eWiSACWIS Print Spell Check Help

Access Information

Report Name: Mother AccessReport Worker: Iowa, Supervisor Access Report Type: CPS Report
Date/Time Report Received: 2/20/06 11:24 AM R/T: ID: 8000306

Narrative Participants Allegation Allegation Narr **Prior Involvement** Decision

Date	Report Id	Report Name	Report Type	Screening Decision	Case Id	Finding	Wrkr Safety Concerns	
	9222281		PS Report	Pending		N/A	N/A	View
12/12/2005	9222084	Jennifer L. Mooretest	PS Report	Screen In	9221725	Not able to locate source	N/A	View
06/16/2005	9221753	Jennifer L. Mooretest	PS Report	Screen In	9221169	Substantiate	N/A	View
11/10/2004	9221566	Jennifer Mooretest	PS Report	Screen In	9221169	Substantiate	N/A	View
11/08/2004	9221544	Jennifer Mooretest	PS Report	Screen In	9221169	Substantiate	N/A	View
11/08/2004	9221545	Jennifer Mooretest	PS Report	Screen In	9221169	Substantiate	N/A	View
11/08/2004	9221546	Jennifer Mooretest	PS Report	Screen In	9221169	Substantiate	N/A	View
10/22/2004	9221488	Jennifer Mooretest	PS Report	Screen In	9221169	N/A	N/A	View
10/22/2004	9221490	Jennifer Mooretest	PS Report	Screen In	9221169	Substantiate	N/A	View
10/22/2004	9221491	Mary Kay Teacher	PS Report	Screen In	9221240	Substantiate	N/A	View
10/21/2004	9221478	Jennifer Mooretest	PS Report	Screen In	9221169	N/A	N/A	View
10/04/2004	9221446	Jennifer Mooretest	PS Report	Screen In	9221219	N/A	N/A	View

Options: Go

Save Close

Done Trusted sites

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Decision Tab

Access Report - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

eWiSACWIS Print Spell Check Help

Access Information

Report Name: Mother AccessReport Worker: Iowa, Supervisor Access Report Type: CPS Report
Date/Time Report Received: 2/20/06 11:24 AM R/T: ID: 8000306

Decision

Worker Recommendation

Name: Iowa, Supervisor ☒ Screen In ☐ Screen Out ☐ Pending Date/Time Decision Made:

Response Time: Reason:

Explain:

Supervisor Recommendation

Name: Tatterson, Bryan ☐ Screen In ☐ Screen Out ☒ Pending Date/Time Decision Made:

Response Time: Reason:

Explain:

Status

Date and Time Report was Received: 02/20/2006 11:24 AM ☐ After Hours Report ☐ Law Enforcement Notified

Options: Go **Save Close**

Done Trusted sites

Access Change – eWiSACWIS Release 2.3

Decision Tab – Status group box section

Access Report - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

eWiSACWIS Print Spell Check Help

Access Information

Report Name: Mother AccessReport Worker: Iowa, Supervisor Access Report Type: CPS Report
Date/Time Report Received: 2/20/06 11:24 AM R/T: ID: 8000306

Decision

Explanation of screening recommendation

Supervisor Recommendation

Name: Tatterson, Bryan ☐ Screen In ☐ Screen Out ☐ Pending Date/Time Decision Made:
Response Time: Reason:
Explain:

Status

Date and Time Report was Received: 02/20/2006 11:24 ☒ AM ☐ PM ☐ After Hours Report ☐ Law Enforcement Notified
Primary Language: English ☐ Interpreter Needed? ☐ Worker Safety Concerns?
☐ Is this Access Report a death, serious injury, or egregious incident ([See Related Access Appendix](#)) ? ☐ Serious Incident Report Generated?

Options: Save Close

Done Trusted sites

Access Change – eWiSACWIS Release 2.3

Services Report – Filters out Allegation and Allegation Narrative tabs

Access Report - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

eWiSACWIS Print Spell Check Help

Access Information

Report Name: Mother AccessReport Worker: Iowa, Supervisor Access Report Type: **Services Report**

Date/Time Report Received: 2/20/06 11:24 AM R/T: ID: 8000306

Narrative Services Participants Prior Involvement Decision

Describe alleged maltreatment: current and past; the surrounding circumstances; and the frequency; or intervention or services needed for the child.

Narrative information goes here.

Describe the child(ren)'s injury or conditions as a result of the alleged maltreatment or services needed.

Narrative information goes here.

Describe the child(ren)'s current location, functioning, including special needs, if any, and highlighting current vulnerability.

Narrative information goes here.

Options: Go **Save** **Close**

Done Trusted sites

Access Change – eWiSACWIS Release 2.3

Services Tab – Shorter list of Service Report types

Access Report - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

eWiSACWIS Print Spell Check Help

Access Information

Report Name: Mother AccessReport Worker: Iowa, Supervisor Access Report Type: **Services Report**

Date/Time Report Received: 2/20/06 11:24 AM R/T: ID: 8000306

Narrative **Services** Participants Prior Involvement Decision

Service Report Type

Specific Services

No Specific Services Applicable

- Adoption
- Adoption-ICAMA
- Child Welfare**
- Court Ordered Study
- Guardianship
- ICPC
- Juvenile Justice
- Kinship
- Re-Open Closed Case
- Rule Violation

Other Information

☐ Referral Packet Received? Date Packet Received: 00/00/0000

☐ Court Ordered Study Date Report Due in Court: 00/00/0000

Options: Go Save Close

Done Trusted sites

Access Change – eWiSACWIS Release 2.3

Services – Select Child Welfare as type (certain types have more required fields than others)

Access Report - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

eWiSACWIS Print Spell Check Help

Access Information

Report Name: Mother AccessReport Worker: Iowa, Supervisor Access Report Type: Services Report
Date/Time Report Received: 2/20/06 11:24 AM R/T: ID: 8000306

Narrative Services Participants Prior Involvement Decision

Service Report Type: Child Welfare

Specific Services Requested

- ☐ Behavior Management Services
- ☐ Courtesy Interview - Out-of-State
- ☐ Drug Affected Infant
- ☐ Educational Services
- ☐ Lack of Care Due to Poverty
- ☐ Medical Crisis-No Care b/c of Religion
- ☐ Medical Services

Other Information

☐ Referral Packet Received? Date Packet Received: 00/00/0000
☐ Court Ordered Study Date Report Due in Court: 00/00/0000

Options: Go Save Close

Done Trusted sites

Access Change – eWiSACWIS Release 2.3

Participant Tab – Same as CPS Report but no Alleged Victim role can be used, only Identified Child

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eWiSACWIS Print Spell Check Help

Access Information

Report Name: Mother AccessReport Worker: Iowa, Supervisor Access Report Type: Services Report
Date/Time Report Received: 2/20/06 11:24 AM R/T: ID: 8000306

Participants

Access Participants

Names	Gender	DOB	Age	Race	Relationship	Roles
Daughter AccessReport	Female	12/12/2005	0	White	Biological Child	HM-IC Roles
Mandated Reporter	Male	00/00/0000			Law Enforcement	RP Roles
Mother AccessReport	Female	09/09/1980	25	White	Reference Person	HM-PN-RN Roles

Address Copy Add/Edit

Reporter

Name: Mandated Reporter Relation to Alleged Victim: Law Enforcement
Home Phone: Affiliation: Polk County Sheriff Department Report Method: Phone
Work Phone: 7154858300 ☒ Mandated Reporter ☐ Notice to Reporter Generated

Options: Go Save Close

Done Trusted sites

Access Change – eWiSACWIS Release 2.3

Prior Involvement Tab is the same as CPS Report, Decision Tab has Response Time disabled

Access Report - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

eWiSACWIS Print Spell Check Help

Access Information

Report Name: Mother AccessReport Worker: Iowa, Supervisor Access Report Type: Services Report
Date/Time Report Received: 2/20/06 11:24 AM R/T: ID: 8000306

Narrative Services Participants Prior Involvement **Decision**

Worker Recommendation

Name: Iowa, Supervisor ☒ Screen In ☐ Screen Out ☐ Pending Date/Time Decision Made:
Response Time: Reason: Accepted for Services
Explain:
Explanation of screening recommendation

Supervisor Recommendation

Name: Tatterson, Bryan ☐ Screen In ☐ Screen Out ☒ Pending Date/Time Decision Made:
Response Time: Reason:
Explain:

Status

Date and Time Report was Received: 02/20/2006 11:24 ☒ AM ☐ PM ☐ After Hours Report ☐ Law Enforcement Notified

Options: Go Save Close

Done Trusted sites